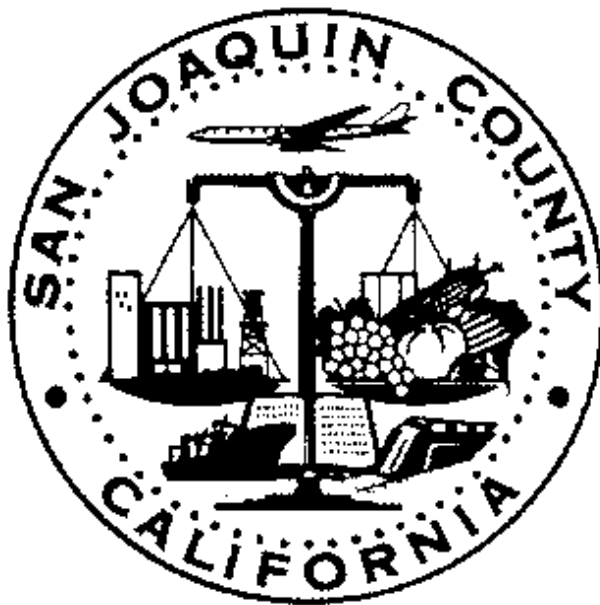


**SAN JOAQUIN COUNTY**  
**California Child and Family Services Review**  
**County System**  
**Improvement Plan**



**SEPTEMBER 2004**

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# SIP COVER SHEET

## California's Child and Family Services Review System Improvement Plan

|   |  |
|---|--|
| <b>County:</b>                                  | San Joaquin  |
| <b>Responsible County Child Welfare Agency:</b> | Human Services Agency – Children and Adult Services Bureau |
| <b>Period of Plan:</b>                          | October 1, 2004 to September 30, 2005                      |
| <b>Period of Outcomes Data:</b>                 | (1) Quarter ending June 30, 2003                           |
| <b>Date Submitted:</b>                          | (2)  |

### County Contract Person for County System Improvement Plan

|                    |   |
|--------------------|---|
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### Submitted by each agency for the children under its care

|                      |   |
|----------------------|---|
| <b>Submitted by:</b> | <b>County Child Welfare Agency Director (Lead Agency)</b> |
| <b>Name:</b>         | David Erb   |
| <b>Signature:</b>    |   |
|                      |   |
| <b>Submitted by:</b> | <b>County Chief Probation Officer</b>                     |
| <b>Name:</b>         | Chris Hope  |
| <b>Signature:</b>    |   |

## **I. SYSTEM IMPROVEMENT PLAN (SIP) NARRATIVE**

### **1. Identify Local Planning Bodies**

The following planning bodies have had input in the San Joaquin County Self Assessment and the System Improvement Plan:

- **San Joaquin County Child Welfare Redesign Collaborative** – Public and private agencies, foster parents, and community members working on areas of leadership, enhancing community partnerships, changes in practice, and the County Self Assessment and System Improvement Plan.
- **Community Partnership for Families** – Public and private agencies, and community/neighborhood representatives working together to provide comprehensive services at neighborhood centers.
- **Children's Services Coordinating Commission** – Commissioners appointed by the Board of Supervisors who coordinate community efforts in the prevention of child abuse and neglect.
- **Promoting Safe and Stable Families Advisory Committee** – Public and private agency representatives, parent and community members, who focus on the Promoting Safe and Stable Families contracts for the provision of child abuse and neglect prevention services.

The following individuals contributed to or reviewed this report:

- Denny Ah Tye, San Joaquin County Human Services Agency
- Janice Berman, San Joaquin County Human Services Agency
- Gary Dei Rossi, San Joaquin County Office of Education
- David Erb, San Joaquin County Human Services Agency
- Dale Fritchen, San Joaquin County Human Services Agency
- Stacy Gaska, San Joaquin County Human Services Agency
- Tamara Goehring, Parent Representative
- Joelle Gomez, Women's Center of San Joaquin County
- Chris Hope, San Joaquin County Probation
- Frances Hutchins, San Joaquin County Office of Substance Abuse
- Judith Jones, San Joaquin County Human Services Agency
- Irene Killian de Ojeda, Juvenile Justice Delinquency Prevention Commission
- Linda Mascarenas, Center for Positive Prevention Alternatives
- Bill Mitchell, San Joaquin County Public Health Services
- Kristine Maxwell, San Joaquin County Human Services Agency
- Jo Lyn McMillan, ASPIRA Foster Family Agency
- Felicia Morrison, Court Appointed Special Advocate
- Shawn Nichols, San Joaquin County Human Services Agency
- Judge John Parker, San Joaquin County Superior Court
- Barbara Patton, Foster Care Parent
- Don Pilcher, San Joaquin County Human Services Agency

- Lani Schiff-Ross, First 5 San Joaquin
- Kim Suderman, San Joaquin County Mental Health Services
- Lindy Turner, Child Abuse Prevention Council
- Judge Richard Vlavianos, San Joaquin County Superior Court
- Stewart Wakeling, Community Partnership for Families
- Maryke Walsh, San Joaquin County Human Services Agency
- Larry Yescas, San Joaquin County Probation
- Harder+Company Community Research

## 2. **Findings That Support Qualitative Change**

Questionnaires were distributed to Foster Parents, Relatives, Non-Related Extended Family Members, Independent Living Program Youth, and parents undergoing reunification efforts. The findings for each group are as follows:

- **Foster Parents** – Telephone surveys were conducted randomly with twenty-two (22) foster parents. The following results were obtained:
  - Average length of time as a foster parent was over ten (10.6) years.
  - Average number of children licensed for placement was three (3).
  - Average number of children in placement was two (2).
  - Average age of foster children in placement was six (6) years old.
  - The foster parent experience was rated at four (4) with five (5) being the highest rating available.
  - Foster parents listed the following as topics that should be covered in foster parent training:
    - How to care for drug exposed babies.
    - Visitations and how they work.
    - How to handle teenage issues.
    - Anger management for the child.
    - Long term issues: compulsive behaviors that show up in the teen years, ADHD, depression, suicide, runaways, eating disorders, bipolar, etc.
  - Average score for the relationship with their social worker was four-plus (4.4) with five (5) being the highest rating available. Some of the responses included:
    - “Yes. They call right back, are responsive. And the satellite worker works in a team with the other ones. They work together well. If I need them, all I have to do is call, it’s not intrusive to our lives, but it is enough to know they are there, the kids know they are there. Enough, but not too much. She is more than generous with her time.”
    - “She is very responsive, very concerned about the children she is working with as well as us, trying to find a good fit.”
  - When asked what was the best part of being a foster parent, some of the replies were the following:
    - “To me, it would be...the part you play in changing a life, the positive way in which you can change a life. A lot of these kids, infants, toddlers, school age, they’ve been born into not very good situations,

- their lives don't have much of a positive future and when the foster program is working right, these kids have chances and opportunities that they otherwise wouldn't have. The kids might not see that until they are adults."
- "Just seeing the kids adjust to what you're trying to do for them, that is the most wonderful thing, to see them progress and prosper, with schoolwork, whatever ...and to see them be just like regular kids, dressed nicely, going to school, having a normal life."
  - "The end result, when a child finds a permanent place-- either returned to parents or is adopted and can go on with a normal life."
- When asked what was the most challenging part of being a foster parent, some of the replies were the following:
    - "With the kids, it's the difficult behaviors. We've had adolescents exclusively and so we get all those challenges, the runaways, the pregnancies. With the system, the challenge that presents itself is that there are so many people advocating for the child that it just isn't real...it doesn't allow for a real experience for the child to live in a normal family situation, where they have to be responsible, pitch in, etc. Now they have the attorney, ombudsman, social worker, etc. – it sets up a situation where a child can't have normal experiences with normal ups and downs. I know it was set up to help them, but it is going to backfire. The children get the idea that they don't have to deal with discipline, and it's so easy to not do things, instead they can just call and complain to their representatives."
    - "I think the dealing with the visits and the moms, for me, is hard, because most of my kids have school problems, working hard to catch up, hours of homework, etc. And it's a disruption to leave for visits. The running back and forth, especially if you have a gut feeling that they aren't going to make it back to their biological parents, like the set I have now. Generally, the visitations, doctors, dentists, eyes, shots, homework. There's a lot to do. Not a lot of time just for the kids."
  - 86% plan to continue to be foster parents. For the three (3) foster parents who responded that they no longer planned to remain foster parents, one (1) was because she felt that she and her husband were "old duffers" and the other two (2) parents felt they had too much going on in their lives to take any more foster children. For those who are going to continue to be foster parents, some of their reasons for staying are as follows:
    - "I just feel that doing foster care gives you a good feeling that you are helping somebody...we have a lot of love to give. We have two (2) kids we have adopted, and we all, our whole family, just loves it."
    - "Cause there's so many out there, we notice them, they're so young, and the older ones, the teens, they know no one wants them and that just breaks my heart. I can't imagine how that feels. We're here to build their self esteem."
  - When asked about how the Human Services Agency could better serve the needs of foster parents, some of the replies were:
    - The private foster parents receive more money than county foster parents, make the pay rate similar.

- It is extremely hard to find babysitters over eighteen who are finger printed, and respite care is needed.
  - High turn over of licensing workers and social workers makes it hard to develop rapport.
  - Let the children re-stabilize before beginning visitations.
  - Have more classes regarding infant care.
  - Do a survey during a class to determine what the class participants would like to talk about.
  - Start a peer support group for the parents.
  - Maintain an updated list of doctors and dentists.
  - Let the foster parent have a say with what is going on in the child's life.
  - The Human Services Agency needs to be brought up to date on the problems and people who are moving into the county.
  - Hire more social workers.
  - Make sure the foster parents are aware of the child's history.
  - Make it easier for foster parents to register for the classes at the Community College, rather than having to wait in the long lines.
  - Work with the biological parents to make sure they make their appointments.
- The ethnic breakdown of the foster parents surveyed was:
  - 55% Caucasian
  - 27% African American
  - 13% Mixed Ethnicity
  - 5% Hispanic/Latino
- **Relative or Non-Related Extended Family Members (NREFM)** - Telephone surveys were conducted with twenty-one (21) persons falling within this category.
  - Average length of time as a foster care provider was almost three (2.7) years.
  - Average age of foster children was eight (8) years.
  - Average foster care experience was rated at a little over four (4.3) with five (5) being the highest rating available.
  - Average score for relationship with their social worker was almost a five (4.7) with five (5) being the highest rating available. Some of the responses included:
    - "Anytime I call her, she is there to help with different incidences. If she is not there, she returns my call and helps out with paperwork quickly."
    - "The social worker is the same for my daughter; she is great. She's open; she communicates with us; she's excellent. There should be more like her."
    - "Basically, she finds us the information, she has been right there when we need her. If she can't find something she mails it that day or the day after."
  - When asked what was the best part of being a foster parent, some of the replies were the following:

- “Change. Changing the pattern so it (abuse) doesn’t occur again and providing an opportunity that it won’t happen anymore.”
    - “It’s being able to keep the child in a place where they are loved and can be together.”
    - “I think to help the child be more self confident, maybe hope that they learn what they see and then to grow up and have a happy and productive life.”
  - When asked what was the most challenging part of being a foster parent, some of the replies were the following:
    - Discipline and attitude.
    - Dealing with rules, laws and social workers. “I’ve given up my personal life. My friends stopped calling.”
    - “It’s probably schooling; they did what whatever they wanted to before they came, we struggled with that. They don’t understand; the youngest is anxious to do his work, but the middle one fights tooth and nail because he doesn’t. I wish I could just be a grandma instead of a foster parent.”
  - 76% plan to continue to be foster care providers.
    - “Because I’ve seen there are not very many foster parents. I still want to do it. There is a big need.”
    - “They are growing and doing so well. If the parents don’t want to keep the kids, we want guardianship.”
    - “Because they’re blood.”
  - When asked about how the Human Services Agency could better serve the needs of foster parents, some of the replies were:
    - Find better matches for the children.
    - When the family already has two of the three siblings, it should be easier to get the other child placed with their siblings.
    - Turnover of social workers is hard.
    - Make sure the children have their Medi-Cal cards or help with the paper work.
    - One department ok’s a house and another does not; get on the same page.
    - Support groups.
    - Respite care is needed.
  - The ethnic breakdown of Relative/NREFM’s surveyed was:
    - 42.9% Caucasian
    - 23.8% African American
    - 23.8% Hispanic/Latino
    - 9.5% Mixed Ethnicity
- **Independent Living Program (ILP) Participants** – Written surveys were completed by forty-three (43) ILP participants. The following results were obtained.
    - 52.4% had been in foster care five (5) years and longer.
    - 38.1% had more than five (5) placements.
    - 46.2% were CPS youth.
    - 33.3% were Probation youth.
    - 20.5% were After Care young adults.



- 37.2% see their biological parents at least once a month.
- 37.2% never seen their biological parents.
- 39.5% see their siblings at least once a month.
- 18.6% never see their siblings.
- 62.8% have contact with their social worker or probation officer at least once a month.
- 52.4% report their relationship with their social worker or probation officer is very good, with 90.5% as ok, somewhat good and very good.
- ILP social worker contact was 27.9% monthly and 39.5% never.
- Relationship with ILP social worker was 16.7% very good and 83.3% ok, somewhat good and very good.
- 74.4% report they received help with developing job skills.
- 80.0% plan to attend college.
- 5.0% plan to attend vocational school.
- 15.0% plan to attend trade school.
- 43.9% were aware of scholarship/financial aid opportunities.
- Current place of abode:
  - Group Home 51.2%
  - Foster Home 31.7%
  - Other 7.3%
  - Relative 4.9%
  - Friends 4.9%
- 64.3% have held jobs.
- 33.3% currently have a job.
- 51.2% reported their friends were most helpful during their time in foster care, followed by, parents (32.6%), social worker (30.2%), teacher (27.9%), foster parents (23.3%), and siblings (23.3%). (Note: youth could choose more than one answer.)
- The ILP youth emphasized that the following assistance would benefit their future:
  - Financial assistance.
  - Planning for the future.
  - Employment.
  - Housing.
- Additional comments included:
  - Foster Care has too many rules.
  - Social workers should get to know kids, listen to them, and develop trust.
  - Foster Care was beneficial.
- 62.8% were males, 37.2% female.
- 29.3% age sixteen (16), 51.2% age seventeen (17), 19.5% age eighteen (18).
- The ethnic breakdown of the respondents was:
  - 41.3% Caucasian
  - 23.5% Hispanic/Latino
  - 17.6% Mixed Ethnicity
  - 14.7% African American
  - 2.9% Asian/Pacific Islander

- **Parent's** – Written surveys were completed by forty-seven (47) parents who were attending court-ordered parenting classes as a part of their Family Reunification case plan. The results of the survey were as follows:
  - 46.6% stated their case plan was explained either clearly, somewhat clear or very clear.
  - 55.8% stated they were either involved, somewhat involved or very involved in developing their case plan.
  - 65.1% stated it was either somewhat hard, hard or very hard to complete their case plan goal.
  - Barriers to case plan goals included: (Note: participants could choose more than one answer.)
    - Time 40.4%
    - Transportation 36.2%
    - Childcare 21.3%
    - Location of Services 19.1%
  - Persons reported to be most helpful in meeting case plan goals were: Note: participants could choose more than one answer.)
    - Attorney 58.1%
    - Counselor 36.0%
    - Social Worker 35.1%
    - Judge 31.0%
    - Foster Parent 29.6%
  - 45.0% felt their court ordered services were reasonable, rather reasonable or very reasonable.
  - 35.9% felt the court process moved either average, rather quickly or very quickly.
  - Barriers to slowing the court process were reported as
    - Continuances 51.1%
    - Social Worker Delay 37.0%
    - Flawed Legal System 32.6%
    - Late Reports 28.3%
    - Transportation 10.9%
  - 48.7% reported visits with their children were at a time and place that was either convenient, rather convenient or very convenient.
  - 65.1% reported either ok, rather positive or very positive relationships with their social worker.
  - 62.8% reported social worker contact less than a month ago.
  - 42.9% reported visits with their social worker was helpful in order to understand what needs to be done to safely care for their children.
  - 46.5% reported either average, rather quickly on very quickly return of phone calls by their social worker.
  - Respondents were:
    - Male 38.6%
    - Female 61.4%
  - The ethnic breakdown of the respondents was:
    - Caucasian 48.8%
    - Hispanic/Latino 32.6%
    - African American 9.3%

- Asian/Pacific Islander 4.7%
- Other 2.3%
- Mixed Ethnicity 2.3%
- The marital status of the respondents was:
  - Common Law 5.6%
  - Divorced 8.3%
  - Married 58.4%
  - Separated 8.3%
  - Single 19.4%
- Comments related to what the Agency can do to help the respondents and their families included:
  - Be comforting, not finger pointing.
  - Give children back.
  - Provide more resources, including employment, housing, transportation.
  - Be good listeners, understanding and respectful.
  - Make more things clearer.
  - Don't judge.
  - Be more consistent.
  -

The information from the various surveys is used in the SIP as we attempt to seek better outcomes based upon client input and barriers in the system.

## **II. SYSTEM IMPROVEMENT PLAN (COMPONENTS)**

As a result of the San Joaquin County Child Welfare Self Assessment, several areas for system strengths and areas needing improvement were identified (see Attachment A). With the recommendation of the California Department of Social Services that counties only address three to four outcome indicators or systemic factors each year, San Joaquin County will be addressing the following outcome indicators or systemic factors in this SIP:

- Data input (Systemic Factor).
- Recurrence of maltreatment.
- Recurrence of abuse/neglect in homes where children were not removed.
- Timely social worker visits.

Outcome indicators to be addressed over the future course of the Children and Family Service Review process in San Joaquin County include:

### Permanency Outcomes:

- Length of Time to Exit Foster Care to Reunification.
- Length of Time to Exit Foster Care to Adoption.
- Multiple Foster Care Placements.
- Rate of Foster Care Re-entry.
- Siblings Placed Together in Foster Care.
- Children Transitioning to Self-Sufficient Adulthood.

San Joaquin County is also beginning the evaluation process of Family to Family, which should prove helpful as we reconceptualize, redesign, and reconstruct our foster care system.

### Neighborhood Based Services Approach

The first stage of the redesign of child welfare in San Joaquin County will be a partnership between the Human Services Agency (HSA) and the Community Partnership for Families (CPF). This project will demonstrate a new approach to serving children and families served by the family resource center at West Lane Oaks in Stockton over the course of a year. The CPF has worked for several years to create a countywide commitment to stronger neighborhoods and families. It has convened a very diverse group of community-based agencies and county departments with this common commitment. The Community Track (evaluated out of CPS) and the CPS /Community Track of Differential Response will be provided at West Lane Oaks. Building on the Family Success Team model already developed by the CPF, HSA will integrate its Children's Services programs with the community-based and county resources already in place. The Family Success Teams at West Lane Oaks work with families that have been referred by CPS and other providers. They use a family-centered case conferencing approach that helps families experiencing difficulty remain connected to their communities through prevention and early intervention services. This approach emphasizes family involvement and case planning, the use of a wide range of community and county services through a strong commitment to service integration and a high level of ongoing support for families after intervention occurs. HSA expects that those families who participate in this program will

experience a lower rate of family stress and related violence and, for those families where maltreatment has already occurred, a lower rate of the recurrence of maltreatment.

Through a comprehensive, outcomes-oriented evaluation of the West Lane Oaks experience, HSA and the CPF will learn what specific practices produce better outcomes for children and families. Although the primary focus will be the reduction of maltreatment of children, the evaluation will document the impact of this program on other child outcomes (such as school participation and contact with the juvenile justice system) as well as outcomes for the family (such as greater economic security, reduced spousal battering and reduced substance abuse). Once these gains have been documented and shown to be associated with specific elements of the Family Success Team model, HSA will work to build similar elements into the CPF family resource centers in other parts of the county and modify its own practices related to case planning, service integration and follow-up. It is anticipated that these enhanced practices will reduce the recurrence of child maltreatment countywide over a three to five year period.

|  |   |                  |   |  |  |
|--|---|------------------|---|--|--|
| <b>Outcome/Systemic Factor:</b> Systemic Factor A: Management Information Systems  |   |                  |   |  |  |
| <b>County's Current Performance:</b> Input from the Self Assessment Team indicates that county performance on many indicators (timely response, timely social worker visits, rate of abuse/neglect in foster care, multiple foster care placements may be underreported) may be influenced by data input issues (timeliness, incorrect entry). |   |                  |   |  |  |
| <b>Improvement Goal 1.0</b> Improve accuracy/timeliness of data input among all staff.   |   |                  |   |  |  |
| <b>Strategy 1. 1</b><br>Review CWS/CMS Project Training Guides for the Outcome Measures and distribute information to staff in handy, easy-to-use format to help them input data correctly.  |   |                  |   | <b>Strategy Rationale<sup>1</sup></b><br>Staff has indicated that they are unsure of the correct method to enter all data in the outcomes. Correct data input is necessary to get accurate outcome indicators. |  |
| <b>Milestone</b>   | <b>1.1.1</b> Review State provided training Guides.   | <b>Timeframe</b> | 1 Month (10/31/04)  | <b>Assigned to</b>   | CWS Training Coordinator   |
|  | <b>1.1.2</b> Print and distribute training guides to supervisors.   |                  | 6 Weeks (11/15/04)  |  | CWS Training Coordinator   |
|  | <b>1.1.3</b> Print and distribute training guides to staff.   |                  | 2 Months (11/30/04)   |  | CWS Training Coordinator   |
| <b>Strategy 1. 2</b><br>Follow-up with training, support and monitoring via Business Objects. Be supportive, not punitive.   |   |                  | <b>Strategy Rationale</b><br>Offering training and supervisory support of this important issue will demonstrate its importance to staff. The Outcomes data input areas have not been an area prior monitoring was required. |  |  |
| <b>Milestone</b>   | <b>1.2.1.</b> Design and hold training.   | <b>Timeframe</b> | 5 months (2/28/05)  | <b>Assigned to</b>   | CWS Training Coordinator   |
|  | <b>1.2.2</b> Supervisors will discuss input issues at unit meetings on an on-going basis and will troubleshoot areas of concern with staff. |                  | 4-12 months (1/31/05 – 9/30/05)   |  | CWS Supervisors and staff  |
|  | <b>1.2.3</b> Business Objects reports generated and reviewed between supervisors-director and supervisors-staff.                            |                  | 4-12 months (1/31/05 – 9/30/05)   |  | CWS Staff Analyst II<br>CWS Training Coordinator<br>CWS Division Chiefs<br>CWS Supervisors and Staff |

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

|   |  |   |                                  |             |  |
|---|--|---|----------------------------------|-------------|--|
| <b>Strategy 1. 3</b><br>Reaffirm the expectation of timeliness and accuracy of CWS/CMS data input.  |  | <b>Strategy Rationale</b><br>Many staff provided feedback that they are overwhelmed with work/don't have time or feel that data entry functions are clerical duties, and, as a result, CWS/CMS responsibilities suffer. This must be addressed in a proactive, supportive and positive way. |                                  |             |  |
| Milestone   | 1.3.1 Expectations for workers and supervisors are written (including CWS/CMS responsibilities) and reviewed with all staff. | Timeframe   | 1 month (10/31/04)               | Assigned to | CWS Staff Analyst II   |
|   | 1.3.2 Supervisors discuss and support staff in unit meetings and during supervision time on an on-going basis.               |   | 1-12 months (10/31/04 – 9/30/05) |             | CWS Supervisors and staff  |
|   | 1.3.3 A means of recognizing and celebrating improvement around this issue is identified and implemented.                    |   | 4 months (1/31/05)               |             | CWS Staff Analyst II<br>CWS Training Coordinator<br>CWS Division Chiefs<br>CWS Deputy Director |
| <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b><br>This portion of the SIP is about systemic change regarding the systemic factor, management information system.  |  |   |                                  |             |  |
| <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b><br>We would like to learn from other counties who have addressed this issue or are already performing to expectation on this issue in order to learn from them. We would also like to learn from the State how each outcome indicator is retrieved from the CWS/CMS data. By having a list of those cases/referrals that are used to come up with the indicators, the County can look at the specifics in each case/referral and determine where else systematic changes in the data entry performed by staff are needed. |  |   |                                  |             |  |
| <b>Identify roles of the other partners in achieving the improvement goals.</b><br>UC Davis can assist the County in providing training and training materials. The State can assist the County in providing information and training materials. Otherwise this is an internal county function, not requiring the assistance of other County partners.  |  |   |                                  |             |  |
| <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b><br>None.   |  |   |                                  |             |  |

|   |  |           |  |             |  |
|---|--|-----------|--|-------------|--|
| <b>Outcome/Systemic Factor:</b> 1B. Recurrence of Maltreatment within 12 months.  |  |           |  |             |  |
| <b>County's Current Performance:</b> The county's current performance for recurrence of maltreatment within 12 months after the first substantiated allegation for children with a first substantiated report of abuse/neglect is 10.0% versus 11.6 % for the state. The county's current performance for recurrence of maltreatment within 12 months for children with one or more substantiated report(s) of abuse/neglect is 12.8% versus 13.5% for the state. These statistics are from the time period of 4/1/04 to 3/31/03. |  |           |  |             |  |
| <b>Improvement Goal 1.0</b> To reduce recurrence of maltreatment to 9.0% for children with a first substantiated report of abuse/neglect, and to 11.8 for children with one or more substantiated report(s) of abuse/ neglect within 24 months, through a multi-agency demonstration of an integrated, family-oriented, strengths-based service model in one zipcode (95210) with the dissemination of evidence-based lessons learned county-wide.  |  |           |  |             |  |
| <b>Strategy 1. 1</b> Training of staff participating in the family success team process, including CWS staff and Community Agency staff.  |  |           | <b>Strategy Rationale<sup>2</sup></b> Appropriate and thorough training will allow staff to be better prepared to handle cases with at-risk families using new tools.  |             |  |
| Milestone   | 1.1.1 Train participating staff on the family success team process.  | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group  |
|   | 1.1.2 Train participating staff on the family based case conferencing model.   |           | 6 months (10/1/04-3/31/05)   |             | CPF System Changes Work Group<br>HSA Family Conferencing Coordinator |
|   | 1.1.3 Train participating staff on how to identify the most appropriate services to refer clients.   |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group  |
| <b>Strategy 1. 2</b> Assessment of Families   |  |           | <b>Strategy Rationale</b> By assessing a family's strengths and risks an appropriate level of intervention will be determined. This will allow for referral to the most appropriate services and supports.   |             |  |
| Milestone   | 1.2.1. Design a Family Needs Assessment to assess a family's strengths and areas of need. This assessment is to be used by all community partners. | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group  |
|   | 1.2.2 Train participating staff on the Family Needs Assessment and how to determine the family's level of need.                                    |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group  |
|   | 1.2.3 Implement the Family Needs Assessment process.   |           | 2 months (1/1/05-2/28/05)  |             | CPF System Changes Work Group  |
| <b>Strategy 1. 3</b> Referrals for families into the program and out to other community based organizations.  |  |           | <b>Strategy Rationale</b> Appropriate referrals enable families to receive the support that most closely meets their needs which will keep them from returning to the system. This will encourage prevention and early intervention services needed to prevent recurrence of maltreatment. |             |  |

<sup>2</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor



|  |   |           |  |             |                                    |
|--|---|-----------|--|-------------|------------------------------------|
| Milestone  | 1.3.1 Identify local community based organizations to partner with for referrals. | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group      |
|  | 1.3.2 Develop a system with local CBO's for incoming and out going referrals.     |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group      |
|  | 1.3.3 Develop a follow-up plan to ensure clients stay linked into services.       |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group      |
| <b>Improvement Goal 2.0</b><br>Deliver integrated, strength-based services to children and families in the target zipcode (95210). |   |           |  |             |                                    |
| <b>Strategy 2.1</b><br>Implement Family Success Team service model at West Lane Oaks.  |   |           | <b>Strategy Rationale</b><br>This model is a prototype of the community track of HSA's differential response system, representing a partnership between HSA, Community Partnership for Families, and other community organizations. Using a multi-disciplinary case conference model, it will serve at-risk families referred from CPS and other referral sources.                                   |             |                                    |
| Milestone  | 2.1.1 Refine service delivery plan and integrate existing elements.               | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group      |
|  | 2.1.2 Serve up to 200 families during the first year of the project.              |           | 1 year (10/1/04-9/30/05)   |             | Community Partnership for Families |
|  | 2.1.3 Implement a system of neighborhood-level support and after care.            |           | 6 months (10/1/04-3/31/05)   |             | Community Partnership for Families |
| <b>Improvement Goal 3.0</b> Continue development of integrated, family-oriented service system.                                    |   |           |  |             |                                    |
| <b>Strategy 3. 1</b><br>Determine the need for alcohol and drug prevention and treatment services to continuum of care available.  |   |           | <b>Strategy Rationale<sup>3</sup></b><br>Alcohol and drug abuse is a contributing factor in more than 80% of referrals to Child Protective Services. There are insufficient low or no-cost prevention and treatment resources in the county to address the high levels of need. Consequently, untreated substance abuse leads to family dysfunction producing child maltreatment and its recurrence. |             |                                    |

<sup>3</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

|  |   |           |   |             |                                    |
|--|---|-----------|---|-------------|------------------------------------|
| Milestone  | 3.1.1 Document level and type of need for prevention and treatment services in target zipcode (95210).    | Timeframe | 6 months (10/1/04-3/31/05)  | Assigned to | Community Partnership for Families |
|  | 3.1.2 Explore treatment models consistent with strength-based FST approach.                               |           | 6 months (4/1/05-9/30/05)   |             | Community Partnership for Families |
| <b>Strategy 3. 2</b><br>Create performance measurement system to document client impact and best practices.  |   |           | <b>Strategy Rationale</b><br>San Joaquin County needs methods for assessing the effectiveness of the services being tested to determine which should be disseminated countywide. The performance measurement system will document impact and implement those practices that will have the greatest effect of reducing recurrence of maltreatment. |             |                                    |
| Milestone  | 3.2.1. Develop performance measures and data collection tools for Family Success Teams at West Lane Oaks. | Timeframe | 3 months (10/1/04-12/31/04)   | Assigned to | Community Partnership for Families |
|  | 3.2.2 Train staff in use of data collection tools.  |           | 2 months (1/1/05-2/28/05)   |             | Community Partnership for Families |
|  | 3.2.3 Implement performance measurement systems.  |           | 2 months (3/1/05-4/30/05)   |             | Community Partnership for Families |
|  | 3.2.4 Conduct quarterly assessments of performance and annual assessments of child and family impact.     |           | Implement effective 7/1/05- (for previous quarter)  |             | Community Partnership for Families |
| <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b><br>The most important systemic factor affecting this outcome is the fiscal shortage that keeps public and private service providers from being able to provide prevention and early intervention services to at-risk families. HSA’s approach to addressing this issue is through the innovative pooling of resources in a community collaborative so that the costs are shared across a range of partners. From this project will come evidence of the cost savings associated with the “community track” of differential response.  |   |           |   |             |                                    |
| <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b><br>Training and staff development are important components of our redesign effort. To address outcomes 1.B and 2.A, we intend to build on an integrated, community-oriented family-based approach to working with children and families already in place. HSA and community-based staff will be trained on a common family assessment approach, the use of family-centered case conferencing, maximizing the use of community resources and documenting the impact of the integrated service model. County training staff will work with community-based staff development teams to create a comprehensive training package. |   |           |   |             |                                    |
| <b>Identify roles of the other partners in achieving the improvement goals.</b><br>HSA will work with the Community Partnership for Families, a multi-agency consortium serving the entire county. The Partnership will staff the Family Success Teams and work closely with HSA and other key county departments – Probation, Public Health, Mental Health and Substance Abuse Services – in delivering services.   |   |           |   |             |                                    |
| <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b><br><br>N/A  |   |           |   |             |                                    |

|   |  |           |  |             |  |
|---|--|-----------|--|-------------|--|
| <b>Outcome/Systemic Factor:</b> 2A. Recurrence of abuse/neglect where children were not removed.  |  |           |  |             |  |
| <b>County's Current Performance:</b> The county's current performance is 11.3% versus 9.5% for the state.   |  |           |  |             |  |
| <b>Improvement Goal 1.0</b> To reduce recurrence of maltreatment to 10.3% within 24 months through a multi-agency demonstration of an integrated, family-oriented, strengths-based service model in one zipcode (95210) with the dissemination of evidence-based lessons learned county-wide. |  |           |  |             |  |
| <b>Strategy 1. 1</b> Training of staff participating in the family success team process, including CWS staff and Community Agency staff.  |  |           | <b>Strategy Rationale</b> <sup>4</sup> Appropriate and thorough training will allow staff to be better prepared to handle cases with at-risk families using new tools.   |             |  |
| Milestone   | 1.1.1 Train participating staff on the family success team process.  | Timeframe | 3 months (10/104-12/31/04)   | Assigned to | CPF System Changes Work Group  |
|   | 1.1.2 Train participating staff on the family based case conferencing model.   |           | 6 months (10/1/04-3/31/04)   |             | CPF System Changes Work Group<br>HSA Family Conferencing Coordinator |
|   | 1.1.3 Train participating staff on how to identify the most appropriate services to refer clients.   |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group  |
| <b>Strategy 1. 2</b> Assessment of Families.  |  |           | <b>Strategy Rationale</b> By assessing a family's strengths and risks an appropriate level of intervention will be determined. This will allow for referral to the most appropriate services and supports.   |             |  |
| Milestone   | 1.2.1. Design a Family Needs Assessment to assess a family's strengths and areas of need. This assessment is to be used by all community partners. | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group  |
|   | 1.2.2 Train participating staff on the Family Needs Assessment and how to determine the family's level of need.                                    |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group  |
|   | 1.2.3 Implement the Family Needs Assessment process.   |           | 2 months (1/1/05-2/28/05)  |             | CPF System Changes Work Group  |
| <b>Strategy 1. 3</b> Referrals for families into the program and out to other community based organizations.  |  |           | <b>Strategy Rationale</b> Appropriate referrals enable families to receive the support that most closely meets their needs which will keep them from returning to the system. This will encourage prevention and early intervention services needed to prevent recurrence of maltreatment. |             |  |

<sup>4</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

|  |  |           |  |             |                                    |
|--|--|-----------|--|-------------|------------------------------------|
| Milestone  | 1.3.1 Identify local community based organizations to partner with for referrals.                      | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group      |
|  | 1.3.2 Develop a system with local CBO's for incoming and out going referrals.                          |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group      |
|  | 1.3.3 Develop a follow-up plan to ensure clients stay linked into services.                            |           | 3 months (10/1/04-12/31/04)  |             | CPF System Changes Work Group      |
| <b>Improvement Goal 2.0</b><br>Deliver integrated, strength-based services to children and families in the target zipcode (95210). |  |           |  |             |                                    |
| <b>Strategy 2.1</b><br>Implement a Family Success Team service model at West Lane Oaks.  |  |           | <b>Strategy Rationale</b><br>This model is a prototype of the community track of HSA's differential response system, representing a partnership between HSA, Community Partnership for Families, and other community organizations. Using a multi-disciplinary case conference model, it will serve at-risk families referred from CPS and other referral sources.                                   |             |                                    |
| Milestone  | 2.1.1 Refine service delivery plan and integrate existing elements.                                    | Timeframe | 3 months (10/1/04-12/31/04)  | Assigned to | CPF System Changes Work Group      |
|  | 2.1.2 Serve up to 200 families during the first year of the project.                                   |           | 1 year (10/1/04-9/30/05)   |             | Community Partnership for Families |
|  | 2.1.3 Implement system of neighborhood-level support and after care.                                   |           | 6 months (10/1/04-3/31/05)   |             | Community Partnership for Families |
| <b>Improvement Goal 3.0</b> Continue development of integrated, family-oriented service system.                                    |  |           |  |             |                                    |
| <b>Strategy 3. 1</b><br>Determine the need for alcohol and drug prevention and treatment services to continuum of care available.  |  |           | <b>Strategy Rationale<sup>5</sup></b><br>Alcohol and drug abuse is a contributing factor in more than 80% of referrals to Child Protective Services. There are insufficient low or no-cost prevention and treatment resources in the county to address the high levels of need. Consequently, untreated substance abuse leads to family dysfunction producing child maltreatment and its recurrence. |             |                                    |
| Milestone  | 3.1.1 Document level and type of need for prevention and treatment services in target zipcode (95210). | Timeframe | 6 months (10/1/04-3/31/05)   | Assigned to | Community Partnership for Families |
|  | 3.1.2 Explore treatment models consistent with strength-based FST approach.                            |           | 6 months (4/1/04-9/30/05)  |             | Community Partnership for Families |

<sup>5</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

|  |  |                  |   |                    |                                    |
|--|--|------------------|---|--------------------|------------------------------------|
| <b>Strategy 3. 2</b><br>Create performance measurement system to document client impact and best practices.  |  |                  | <b>Strategy Rationale</b><br>San Joaquin County needs methods for assessing the effectiveness of the services being tested to determine which should be disseminated countywide. The performance measurement system will document impact and implement those practices that will have the greatest effect of reducing recurrence of maltreatment. |                    |                                    |
| <b>Milestone</b>   | <b>3.2.1.</b> Develop performance measures and data collection tools for Family Success Teams at West Lane Oaks. | <b>Timeframe</b> | 3 months (10/1/04-12/31/04)   | <b>Assigned to</b> | Community Partnership for Families |
|  | <b>3.2.2</b> Train staff in use of data collection tools.  |                  | 2 months (1/1/05-2/28/05)   |                    | Community Partnership for Families |
|  | <b>3.2.3</b> Implement performance measurement systems.  |                  | 2 months (3/1/05-4/30/05)   |                    | Community Partnership for Families |
|  | <b>3.2.4</b> Conduct quarterly assessments of performance and annual assessments of child and family impact.     |                  | Implement effective 7/1/05 (for previous quarter)   |                    | Community Partnership for Families |
| <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b><br>The most important systemic factor affecting this outcome is the fiscal shortage that keeps public and private service providers from being able to provide prevention and early intervention services to at-risk families. HSA's approach to addressing this issue is through the innovative pooling of resources in a community collaborative so that the costs are shared across a range of partners. From this project will come evidence of the cost savings associated with the "community track" of differential response.  |  |                  |   |                    |                                    |
| <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b><br>Training and staff development are important components of our redesign effort. To address outcomes 1.B and 2.A, we intend to build on an integrated, community-oriented family-based approach to working with children and families already in place. HSA and community-based staff will be trained on a common family assessment approach, the use of family-centered case conferencing, maximizing the use of community resources and documenting the impact of the integrated service model. County training staff will work with community-based staff development teams to create a comprehensive training package. |  |                  |   |                    |                                    |
| <b>Identify roles of the other partners in achieving the improvement goals.</b><br>HSA will work with the Community Partnership for Families, a multi-agency consortium serving the entire county. The Partnership will staff the Family Success Teams and work closely with HSA and other key county departments – Probation, Public Health, Mental Health and Substance Abuse Services – in delivering services.   |  |                  |   |                    |                                    |
| <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b><br><br>N/A  |  |                  |   |                    |                                    |

|  |  |           |  |             |   |
|--|--|-----------|--|-------------|---|
| <b>Outcome/Systemic Factor: 2C.</b> Timely social worker visits with child.  |  |           |  |             |   |
| <b>County's Current Performance:</b> The County's current performance in December 2003 was 68.0% versus 86.8% for the State and the Federal Standard of 90%. Timely social worker visits with children are influenced by data entry issues and, as a result, may be underreported. Additionally, San Joaquin County has only recently began entering Case Plans into the CWS/CMS system, so cases that had "contact waivers" were not correctly reflected in the system. |  |           |  |             |   |
| <b>Improvement Goal 1.0</b> Assure that social workers complete timely social worker visits with children, and improve the timely and accurate data input of contacts and contact waivers into the CWS/CMS system. The Goal is 90% compliance for timely social worker visits with children.   |  |           |  |             |   |
| <b>Strategy 1. 1</b> Provide social workers training on the importance of timely social worker visits with child and correct data input of contacts in the CWS/CMS system. Staff will also be trained on the input of contact waivers into the system, so that waivers can be accurately reflected.  |  |           | <b>Strategy Rationale</b> <sup>6</sup> Staff will understand the importance of timely visits with children, and the need to record these visits timely and accurately within the CWS/CMS system. As well, in cases where there is a contact waiver, staff will understand how to correctly enter that data as part of the case plan data, so that it is correctly reflected. |             |   |
| Milestone  | 1.1.1 The training will be designed and scheduled.   | Timeframe | 1 month (10/31/04)   | Assigned to | CWS Training Coordinator                                      |
|  | 1.1.2 Supervisors will attend the mandatory training.  |           | 2 months (11/30/04)  |             | CWS Training Coordinator<br>CWS Division Chiefs               |
|  | 1.1.3 Required staff will attend the mandatory training.   |           | 3 months (12/31/04)  |             | CWS Training Coordinator<br>CWS Division Chiefs               |
| <b>Strategy 1. 2</b> Work with supervisors on the understanding of their role in the monitoring of their workers in the accuracy of timely data input.   |  |           | <b>Strategy Rationale</b> Supervisors need to work closely with the social workers in their unit by assuring that they are entering timely and accurate data regarding social worker visits with children into CMS/CWS.  |             |   |
| Milestone  | 1.2.1 Develop a monthly list (through the use of Business Objects) of client (child) contacts for each worker in a unit, which would then be provided to the Unit Supervisor for review and monitoring purposes. | Timeframe | 2 months (11/30/04)  | Assigned to | CWS Staff Analyst II  |
|  | 1.2.2 Develop supervisory monitoring techniques at Supervisory/Management Meetings.  |           | 3 months (12/31/04)  |             | CWS Supervisors<br>CWS Division Chiefs<br>CWS Deputy Director |
|  | 1.2.3 Supervisors to develop techniques utilizing the monthly client contact list to hold staff accountable for timely contact with children and the timely and accurate input of these visits into CWS/CMS.     |           | 3-12 months (12/31/04-9/30/05)   |             | CWS Supervisors   |

<sup>6</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

|  |   |           |   |             |  |
|--|---|-----------|---|-------------|--|
| <b>Strategy 1. 3</b> San Joaquin County needs to reaffirm the expectation of timely social worker contacts with children, as well as timely and accurate data input in CWS/CMS regarding these contacts.   |   |           | <b>Strategy Rationale</b> Because of high workload issues, many social workers are overwhelmed with work and do not complete data entry functions on a timely basis; others feels that data entry functions are clerical duties and as a result, CWS/CMS responsibilities suffer. Staff need to be made to understand the importance of the completion of timely contacts with children as a safety issue, as well as the accurate and timely entry of these contacts into CWS/CMS as a compliance issue that is reflective in the County’s Outcome Measurements. |             |  |
| Milestone  | 1.3.1 Expectations for workers and supervisors (including CWS/CMS responsibilities) are developed and reviewed with all staff.                      | Timeframe | 1 month (10/31/04)  | Assigned to | CWS Staff Analyst II<br>CWS Training Coordinator<br>CWS Division Managers<br>CWS Deputy Director |
|  | 1.3.2 Supervisors discuss expectations regularly at unit meetings and during supervision time on an on-going basis.                                 |           | 1-12 months (10/31/04-9/30/05)  |             | CWS Supervisors  |
|  | 1.3.3 Recognition and celebration of improvements around the issues of timely social worker contacts with children to be developed and implemented. |           | 4 months (1/31/05)  |             | CWS Staff Analyst II<br>CWS Training Coordinator<br>CWS Division Chiefs<br>CWS Deputy Director   |
| <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b><br>This portion of the SIP is about systematic change in the area of timely social worker contact with children.  |   |           |   |             |  |
| <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b><br>Our County would like to gain a better understanding of how income indicator information is retrieved from CWS/CMS data, which would allow us to better analyze our data. This would allow us to identify areas that need improvement so that training or process could be developed.   |   |           |   |             |  |
| <b>Identify roles of the other partners in achieving the improvement goals.</b> This is an internal matter and thus, no involvement of other parties is required.  |   |           |   |             |  |
| <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b><br>Funding for additional social work staff would allow for a reduction in caseloads, which would in turn allow social workers time to complete case processing work, such as CWS/CMS data entry in a timelier fashion.   |   |           |   |             |  |
| Additionally, the only client contacts that are recognized in regulation, are those contacts that are made by the CWS social worker. As counties move to differential response or community response-type casework, allowing other (legitimate) agency contacts to count as client contacts, as well as those contacts made by Foster Family Agency Social Workers and Public Health Nurses would allow a greater likelihood of timely compliance. |   |           |   |             |  |

## **ATTACHMENT A:**

### **V: SUMMARY ASSESSMENT** (Excerpted from the San Joaquin County Self Assessment)

#### **A. DISCUSSION OF SYSTEM STRENGTHS AND AREAS NEEDING IMPROVEMENTS**

The County Self-Assessment process has determined that San Joaquin County has much strength in the provision of services to children and families. The most notable strengths include:

- Strong community collaboration among public and private agencies
- Strong community support for the Child Welfare Redesign effort
- Extensive Service Array
- Community focus on early intervention and prevention services
- Extensive training program for Child Welfare Social Workers
- Piloting a Differential Response Program, through expansion in one of the Community Partnerships for Families Neighborhood Centers
- Mental Health Services for Children in Foster Care
- Progressive Superior Court Programs, including Drug Court, Unified Family Court, Truancy Court, Teen Court, Court Appointed Special Advocates
- Children exposed to Domestic Violence Project – Multi-Agency Collaborative
- Family/Emancipation Conferencing Program
- SB 163 Wrap Around Program
- Transitional Housing for Independent Living Youths
- Progressive participation by adoption program in statewide matching efforts

Areas needing improvement are primarily based upon a need for more resources within the Child Welfare Bureau of the Human Services Agency. In 2000, SB 2030 the Child Welfare Workload Study, demonstrated a need in California for more Child Welfare staff to perform their duties in compliance with best practice, State and Federal legislation. Modest allocation increases have occurred. However, these increases come nowhere close to the need demonstrated.

Given the above summary of lack of resources, the following areas have been identified as areas needing improvement:

- Caseloads need to be decreased in all programs.
- Ensuring program quality requires more systematic efforts.
- Increasing the number of county licensed Foster Homes and decreasing the number of FFA's used, as well as attempting to increase the number of appropriate Relative/NREFM placements.
- Increasing consistent, accurate input into CWS/CMS. This will require smaller caseloads in order to input efficiently. Our estimate is that at least 50% of a social worker's time is required for CWS/CMS input. This leaves little time for the provision of direct services. Social worker visits recorded in CWS/CMS do not reflect on the true compliance in this area.



- Improving Social Worker's ability to complete all tasks in a timely manner, including CWS/CMS input, court reports, case plans, compliance visits, support services to foster care provider, and direct services to parents and children.
- Involving parents and children more significantly in the case plan process.

San Joaquin County, consistent with other Central Valley counties, has a high rate of unemployment, extensive substance abuse, and domestic violence. An agriculturally driven economy results in a transient population, a high poverty rate and educational deficits for some children.

The California Children and Family Service Review outcomes are fully supported by all partner agencies in San Joaquin County. Listed here is a response to each outcome.

**Outcome 1: Children are first and foremost protected from abuse and neglect.** Although every effort is made to ensure the success of this outcome, our results in recurrence of maltreatment are too high. The rate of occurrence of abuse in homes where children were not removed is also not acceptable to us. Through our efforts in implementing the Community Response path in "Differential Response", our goal is to significantly reduce these numbers through early intervention and prevention programs. Of course, this goal is dependent upon increased resources in the community for family services. Our rate of abuse/neglect in Foster Care is relatively low and we attribute this to careful evaluation, applying concurrent planning values and practices to the matching of foster children with resource families. The PRIDE Training Program is also beneficial in preparing Foster Families for their difficult role in the system.

**Outcome 2: Children are safely maintained in their homes wherever possible and appropriate.** San Joaquin County makes every effort for this to happen. Although our rate for recurrence of abuse/neglect in homes where children were not removed is higher than we would like, it must be noted that many cases of substantiated abuse/neglect do not meet the standards for Juvenile Court intervention. We believe the key is community resources available to work with families and the families' willingness to accept voluntary services.

San Joaquin County rates high in the timely response to child abuse/neglect referrals. In an overloaded system, a priority for this County is to make the initial contacts with children, to ensure their safety and to make appropriate referrals for families, Juvenile Court action or community service referrals.

We believe that we are close to the Federal standard of 90% for timely visits by social workers with children on open cases beyond initial response. As stated earlier, the combination of; 1. Prioritizing face-to-face physical contact with children in compliance with state regulations and, 2. CWS/CMS issues for social workers, has resulted in poor performance documentation in the data system.

One area of concern is the higher percentage of African-American children in foster care as compared to other ethnic groups. African-American children comprise 7.29% of the County's child population, and 22.7% of the County's foster care population.

**Outcome 3: Children have permanency and stability in their living situations, without increasing reentry to foster care.** While we believe we perform quite well given the resources we have, we are committed to increase the percentages of children reunified within 12 months and adopted within 24 months. Our situation appears to be consistent with statewide averages. Once again, this is a resource issue related to systemic factors of an overwhelmed dependency court system, and high caseloads of staff in our county.

Being a county with a Children's Shelter, it is somewhat more difficult to achieve lower percentages for children with two or less placements. The initial placement of a child in either our Shelter or an affiliated satellite home is done quickly and with little matching of a child's needs to the resource family. The second placement then actually becomes the concurrent plan placement. It is also quite difficult to maintain the more emotionally disturbed and behaviorally challenged children in placement. This is partly due to the lack of sufficient foster families or residential treatment programs that will care for these children. Group homes in particular can pick and choose the children they accept for placement, and generally, will choose a less difficult child over a more disturbed child.

We are also looking at decreasing rates of re-entry into foster care. Although parents must complete a reunification case plan prior to their children returning home, the ability to follow families after reunification is an issue. The Community Partnership for Families may be one way to continue close services for families; even after the risk has been reduced.

**Outcome 4: The family relationships and connections of children served by CWS will be preserved as appropriate.** This is somewhat dependent upon having available resource families who can take sibling groups for placement. We strongly support and promote placing siblings together if the special needs of a child don't indicate otherwise. If we are unable to place all siblings together, every effort is made to maintain regular contact among siblings.

While there are several types of placements available to foster children, our preference for those children who cannot safely return to their parents is a relative or non-related extended family member placement. This requires that they be able to meet the same standards as licensed foster parents, which may result in our relatively low rate of children placed with relatives. However, our practice is to match the child to the most appropriate life-long resource. Many relatives desiring to be a care provider have significant issues of concern. For those who meet the standards, placements are made as efficiently as possible.

Along with many other counties, San Joaquin County has experienced a slow decline in County Licensed Foster Homes. This has resulted in more foster children being placed with Foster Family Agencies (FFA). Generally speaking, FFA foster parents receive a higher payment rate and have access to a social worker from the FFA. There has been a slow decline in County Licensed Foster Care Homes due to several reasons which include: Particular Child Only (PCO) cases now falling under the Relative/NREFM process, foster parents retiring from foster care, and Fos-Adopt homes no longer providing foster care upon adoption of the children in their home.

One of the most difficult populations we deal with is adolescents who require group home/residential treatment. These youth have usually been unsuccessful in a family home

environment, and often do not adjust to group home placement readily. Their rate of placement is generally higher. Group home providers are more frequently asking for additional payment for services beyond the regular payment rate. This creates budgetary concerns for counties.

**Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.**

San Joaquin County has a very committed and dedicated approach to this goal. Unfortunately, the lack of staffing and community resources plays greatly into our success rate. Through San Joaquin Delta College, we offer a very good ILP education/training program to those youth who choose to participate. We also have one (1) transitional housing program with plans to add at least two (2) more.

The ability to help children transition to self-sufficient adulthood is directly related to multiple factors: 1. The youth's desires. 2. The availability of employment. 3. The availability of housing. 4. The availability and type of vocational training or college.

We have recently developed a scholarship program under the leadership of the Mary Graham Children's Shelter Foundation, to pay for all costs of vocational training or college, not covered by other funding sources. This year we anticipate assisting at least eight young adults. The program also includes a mentoring program by adult volunteers. More resources are necessary in order to support youth in accessing successful, long-term employment. The high unemployment rate in this county poses a significant barrier in this area. We are very proud of our recent use of the family conferencing model in conducting emancipation conferences. So far, the outlook is good and realistic plans have been developed as a result of our implementation of this model.

**B. Areas for further exploration through Peer Quality Case Review**

The San Joaquin County Human Services Agency believes Peer Quality Case Review will be a useful tool for improving the quality of our services. However, there are two areas we would like to explore in greater depth through the PQCR process. The first is how to improve our case planning. Case planning is an essential part of the child welfare process and parental participation helps to make the process effective. We are not as successful in this area as we would like to be. Through the PQCR, we will assess different approaches to working with parents in case planning. We will be able to determine how quality case planning leads to improvements in outcomes for children and families.

The second issue is the use of Social Workers' time. Caseloads are very high in our county, as they are throughout California. However, our staff spends over half their time performing administrative duties, such as data entry into CWS/CMS and preparing court reports. We want to prioritize direct face-to-face contact with clients, especially during the case planning and follow-up phases, where the investment of time can produce good long-term results. The PQCR process can help us identify best practices in time management through documenting how workers spend their time in handling their current caseloads. We need to find a better balance between meeting client needs and meeting the requirements of our administrative systems.